



Town of Whitestown

Title II of the American with Disabilities Act
Section 504 of the Rehabilitation Act of 1973

**BARRIER REMOVAL/ACCOMMODATION
FORMAL WRITTEN COMPLAINT**

Please print or type legibly

Reporting Individual: _____ Date of request: _____

Address: _____

City, State and Zip: _____

Telephone Number: _____ Business Phone: _____

Other Contact Information: _____

If person needing accommodation is not the individual completing this form, please enter:

Name: _____ Telephone Number: _____

Other Contact Information: _____

Program/Facility Alleged to be Inaccessible: _____

When did the situation occur (date)? _____ Date _____

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation, and any documentation or photographs supporting the incident:

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Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator?
☐ Yes ☐ No

If yes, what were the results? _____

How do you suggest this issue be remedied? _____

Signature: _____

Date: _____

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Please mail, fax or email the completed form to:

Town of Whitestown
6210 S 700 E
Whitestown, Indiana 46075
(317) 769-6557
townmanager@whitestown.in.gov

Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternative formats. Contact the ADA coordinator at the address listed above or via telephone at 317-769-6557.